

Immunization Update

Winter 2001

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CHC Pediatrics receives immunization award

Contributed by Laura Rappleye,
MCIR Region 2 Coordinator

CHC Pediatrics of Coldwater cares for more than 50 children in a day. Carol Mason, the prevention services director of the Branch-Hillsdale-St. Joe Community Health Agency, has seen the lively staff in action. She is amazed at the time and effort they put into tracking children's immunization records. "They pull the immunization record out of every child's chart to check if the child is due for an immunization," said Mason.

Every one of those children's immunization records are in the Michigan Childhood Immunization Registry (MCIR). They have worked diligently to enter all the children from

birth to 20 years of age. After each child's immunization encounter, the immunization data is entered into the registry using the computer. The staff also uses MCIR to look up the immunization records of children new to their practice. Dana Kaufman, medical assistant for CHC Pediatrics, says using MCIR is a time saver. "We don't have to make numerous phone calls to former providers to find out if the child is up to date. Finding the new patient's record on MCIR also makes the parent happy. We don't have to give the child any unnecessary shots," said Kaufman. CHC Pediatrics has successfully incorporated MCIR into their daily routine.

Continued on Page 2



CHC Pediatrics staff members were given the Provider Recognition Award, which is presented monthly by MCIR Region 2 to an immunization provider whose utilization of the statewide registry goes above and beyond the reporting requirements.

Inside

| | |
|----------------------------------|-------|
| More MCIR news..... | 2 |
| Henry Ford Health System..... | 3 |
| High immunization levels..... | 3 |
| Policy of giving birth dose..... | 4 |
| Team approach..... | 5 |
| Pneumococcal conjugate..... | 6 |
| Q & A..... | 6 |
| Td vaccine shortage..... | 7 |
| CDC experts are available..... | 7 |
| TT or Td?..... | 8 |
| DTaP for all five doses?..... | 8 |
| Vaccine safety issues..... | 9 |
| Autism question..... | 9 |
| Parents' misconceptions..... | 10 |
| Common myth..... | 11 |
| ACIP statements on web..... | 12 |
| VPD stats in MI, 2000..... | 12 |
| Flu shots, diabetics..... | 13 |
| New immunization schedule...14 | |
| PCV7 recommendations..... | 16-17 |
| The Pink Book..... | 18 |
| Immunization Updates..... | 19 |
| 6th grade assessment..... | 20 |
| MCIR contact list..... | 21 |
| MRC order form..... | 22-23 |
| Vaccine safety resources..... | 24 |
| CDC hotline number..... | 24 |

Michigan Department
of Community Health

MDCH

John Engler, Governor
James K. Haveman, Jr., Director

More MCIR news: Work of Children's Medical Group in Bay City pays off

Contributed by Children's Medical Group of Saginaw Bay, Bay City office

It has been two long years of hard work but we did it! All of the children in our practice are finally on MCIR. That's over 3,000 charts and immunization records entered. You say you're too busy to do that? Let us tell you how it can be done.

First, you need a computer with a modem. Then, call your regional MCIR coordinator (see listing of MCIR coordinators on page 21) and request that the software be loaded onto your computer. Once loaded, it takes only a few minutes of instruction to understand the system and you're ready to begin.

The most important requirement is a staff that is committed to make sure all of their patients are fully immunized. Our entire staff at Children's Medical Group of Saginaw Bay (Bay City office) makes this a high priority. The front desk staff has to pull extra charts, enter patient data into the computer and initiate billing. The staff members who do the billing are checking on insurance coverage so we can offer the patients VFC vaccines if they qualify.

We did hire a staff member to input charts and immunization records into MCIR. This person worked an average of eight hours a week for a year and a half. While this was an added expense, we felt the benefits in the long run were worth the cost. At the same time, the nursing staff also entered immunization data into MCIR. Every time an immunization was given, the chart was flagged and immunization data were entered into MCIR if needed. During any downtime in the office, someone was at the computer entering immunization information.

A system was devised to insure the data is entered into MCIR and that immunizations are entered as soon as possible after vaccines are given. Once the chart information is entered into MCIR, the front of the chart is marked with a sticker. The MCIR number for that patient is written on the immunization sheet in the chart. Every time an immunization is given the chart is flagged with a colored clip. Anytime anyone in the office notices a chart without a sticker or with a colored clip, the chart is returned to the computer for entry.

While entering charts into MCIR, any needed immunizations are noted. The parents are called first to notify them of the needed immunizations. If there is no response, in four weeks a follow-up letter is sent. The chart is also flagged so the next time the patient comes in the immunizations can be given.

Periodically reports are run from MCIR data. We pick different vaccines and ages to check to ensure all our patients are as up-to-date as possible. This system has allowed us to give the best possible immunization protection to all our patients.

We recently requested an Immunization Record Assessment from the Michigan Department of Community Health. This assessment showed that the 19-35 month-old patients in our practice were at 93 percent for the combination series of four doses of DTaP, three doses of polio, one dose of MMR, three doses of Hib, and three doses of Hep B vaccine. The varicella coverage level for the same age group was 85 percent. We have met our goal and challenge you to do the same!

To get an immunization assessment of your practice, call Stephanie Sanchez at 517-335-9011.

CDC Pediatrics in Coldwater receives award

Continued from page 1

CHC Pediatrics staff members also have mastered the MCIR Vaccine Inventory Module (VIM). Kaufman participated in the VIM presentation at the MDCH 2000 Integration Conference in spring 2000. The VIM tracks vaccine inventory for immunization providers and alerts the

provider when the inventory of a vaccine is low. Kaufman is thrilled with the VIM's reporting features. "It's such a timesaver to be able to print out the Doses Administered report for the local health department without having to hand tabulate each dose administered," she said.

CHC Pediatrics received the MCIR Region 2 July of 2000 Provider

Recognition Award. Along with the Provider Recognition Award, they received a \$100 gift certificate to the restaurant of their choice.

The Provider Recognition award is presented monthly by MCIR Region 2 to an immunization provider whose utilization of the statewide registry goes above and beyond the reporting requirements.

Henry Ford Health System takes steps to increase immunization levels

Last spring, a nurse at Henry Ford Health System's (HFHS) main campus was looking through her Alliance for Immunization in Michigan (AIM) Provider Tool Kit and saw what she needed: A phone number attached to an offer for immunization updates available for her staff. Amy Foley, M.S.N., R.N.C.S., P.N.P., called the number and, together with a nurse educator from the Michigan Department of Community Health (MDCH), organized workshops on immunization and made it possible for the pediatric inpatient staff to attend. The pediatric staff, along with other interested staff members at HFHS, took up the challenge to assure that all of their patients were protected from vaccine-preventable diseases. They were determined to increase vaccine use in a safe and effective manner. Foley and her staff began working on increased use of Vaccine Information Statements as an education tool, more consistent data entry – both to their own system and to MCIR (the Michigan Childhood Immunization Registry) – of immunizations that had been given, and streamlining documentation of immunizations throughout Henry Ford Health System.

Others within the Henry Ford Health System have joined in recognizing

immunization as an important preventive health measure, and they are spreading the word through a variety of ways. In on-site and off-site clinics, physicians' groups and nurse managers have begun hosting immunization updates in all areas – pediatrics, adult medicine, family practice, hepatitis A-E, and OB/GYN. Staff members, from medical assistants to physicians, have been overwhelmingly positive and deserve special recognition. They understand the important role they play in adult and childhood immunizations and are working to meet the ongoing challenges of making sure their patients are fully protected from vaccine-preventable diseases.

In addition to their active participation in the educational opportunities offered by MDCH, HFHS management requested that their 22 sites participate in the AFIX assessment process. (AFIX stands for Assessment, Feedback, Incentives, and eXchange of information.) As the assessments are completed by MDCH staff members, the sites will learn the immunization coverage levels of the 2-year-olds in their practices and receive a list of the children who are missing immunizations, including which doses are needed to be up-to-date. Feedback

meetings with all staff will be held at each site. Assessment results and suggestions for steps to improve immunization coverage are provided at these meetings. Assessments conducted thus far have identified many opportunities for improvement, some of which are awaiting approval from HFHS management. Several of the sites will be implementing other suggestions for change and are making efforts to improve immunization rates.

One of the people very actively involved in making sure HFHS providers are up to date on immunization recommendations and practices is Dr. Charles Barone. In the spring of 2000, Barone joined the team of physician educators involved in the Physician Peer Education Project on Immunization sponsored by MDCH and Michigan State University. Since that time, he has presented six physician updates to a total of 140 physicians.

Every cause needs a champion. HFHS has many immunization champions – too many to name individually. Thanks to all who are making immunizations for children and adults part of their standard of care every day.

How do practices achieve high immunization levels?

Your immunization partners at the Michigan Department of Community Health advise you to take the steps that others have taken to achieve success: Get a free immunization assessment, follow up with a free immunization in-service, and then you will have the tools that

you need to achieve high immunization levels.

The following free programs are available upon request:

Immunization assessment of your practice (AFIX) – contact Stephanie Sanchez at 517-335-9011

Physician Peer Education – contact Rosene Cobbs at 517-353-2596

Immunization Update for Office Staff – contact Rosemary Franklin at 517-335-9485

Hepatitis A-E – contact Pat Fineis at 800-964-4487 or 517-335-9443

Policy of giving birth dose in hospital protects newborns from hepatitis B

The Michigan Department of Community Health would like to recognize the following hospitals for instituting or reinstating policies to offer the first dose of hepatitis B vaccine to all newborns before discharge. Such policies show a strong commitment to helping assure that all infants are protected from this virus and that every infant born to a mother who is chronically infected with hepatitis B will be vaccinated even if the mother's infection is undetected by the hospital. The hospitals are:

- *Allegan General Hospital*
- *Bay Medical Center*
- *Bell Memorial Hospital*
- *Borgess Medical Center*
- *Borgess/Pipp Health Center*
- *Botsford General Hospital*
- *Bronson Methodist Hospital*
- *Carson City Hospital*
- *Clinton Memorial Hospital*
- *Community Health Center of Branch County*
- *Community Hospital/Watervliet*
- *Covenant Health Care System*
- *Foote Memorial Hospital*
- *Garden City Osteopathic Hospital*
- *Genesys Regional Medical Center*
- *Grand View Hospital*
- *Gratiot Community Hospital*
- *Hackley Hospital*
- *Hayes Green Beach Hospital*
- *Henry Ford Hospital*
- *Hillsdale Community Health Center*
- *Holland Community Hospital*
- *Hurley Medical Center*
- *Huron Memorial Hospital*
- *Huron Valley/Sinai Hospital*
- *Ingham Regional Medical Center*
- *Ionia County Memorial Hospital*
- *Keweenaw Memorial Medical Center*
- *Lakeland Medical Center/St. Joseph*
- *Lakeland Regional Health Systems/Niles*
- *Lakeshore Community Hospital*
- *Lenawee Health Alliance/Herrick*
- *McKenzie Hospital*
- *McLaren Regional Medical Center*
- *Memorial Medical Center of West Michigan*
- *Mercy General Health Partners*
- *Mercy Health Services*
- *Mercy Hospital/Cadillac*
- *Mercy Hospital/Port Huron*
- *Mercy Memorial Hospital*
- *Metropolitan Hospital*
- *Mid Michigan Regional Medical Center/Clare*
- *Mt. Clemens General Hospital*
- *Oakwood Seaway Center*
- *Otsego Memorial Hospital*
- *Owosso Memorial Healthcare Center*
- *Pennock Hospital*
- *Port Huron Hospital*
- *Portage Health System*
- *Sinai/Grace Hospital*
- *St. Francis Hospital*
- *St. John Detroit Riverview Hospital*
- *St. John Macomb Hospital*
- *St. John River District Hospital*
- *St. Mary's Health Services*
- *St. Mary's Hospital/Livonia*
- *South Haven Community Hospital*
- *Sturgis Hospital*
- *Three Rivers Area Hospital*
- *U of M Health System*
- *War Memorial Hospital*
- *West Shore Hospital*

If your hospital is not listed here and you have a current policy of offering the first dose of the hepatitis B vaccine to all newborns before discharge, please let us know by calling Pat Fineis at 1-800-964-4487 so that we can publicly acknowledge your commitment.

Team approach helps Mid-Michigan District Health Department meet immunization goals

Contributed by Irene O'Boyle, Ph.D., C.H.E.S., Mid-Michigan District Health Department

In the past year, we at the Mid-Michigan District Health Department have initiated several efforts within our agency to reach our immunization accreditation goal. The goal that has been set for local health departments is for 90 percent of the children served in the local health department to be fully immunized. (A 19-35-month-old child who is fully age-appropriately immunized would have received the following vaccinations: four DTaP, three polio, one MMR, three Hib, and three hepatitis B.) These efforts have included creating an immunization team. The team consists of MIS (Management Information Services), nursing, and clerical staff members. By involving these team members, we have been able to review records of all children not in compliance and call their parents to schedule appointments.

The immunization team meets regularly to discuss problems with data collection, reporting, and staffing. During these meetings, the team is able to troubleshoot and brainstorm ideas for continued improvement. A master list of clients is provided to each branch office on the first of each month. Clerks and nursing staff in each office pull clients' files and review agency records in order to determine any errors in documentation.

The results, shown in the table below, have been quite impressive.

The immunization team will continue efforts to increase compliance among our clients to 90 percent and beyond. This project also helps our agency achieve a mission priority of continuously examining and improving the quality of our systems, processes and outcomes.

Mid-Michigan District Health Department immunization levels

| County | 19-35-month-old immunization coverage levels | |
|----------|--|----------------|
| | March 2000 | September 2000 |
| Clinton | 68% | 87% |
| Gratiot | 72% | 88% |
| Montcalm | 73% | 91% |

Put your practice or clinic in this newsletter

The *Michigan Immunization Update* editorial staff would like to include more articles that feature local programs, practices, or events. Would you like to contribute an article? We would like to hear from you. For more information, call Rosemary Franklin at 517-335-9485. Franklin's e-mail address is: FranklinR@state.mi.us.

Are you receiving duplicate copies?

Are you receiving duplicate copies of this newsletter? If so, please make copies of all the mailing labels and fax to Rosemary Franklin at 517-335-9855. Be sure to indicate which label is the correct mailing label.

Have you moved?

If you have moved, fax address changes to Rosemary Franklin at 517-335-9855.

Sending faxes

When you send a fax, it is important to include your old address and your new address, indicating which is the old and which is the new.

If you have any questions, please call Rosemary Franklin at 517-335-9485 or send your e-mail to: FranklinR@state.mi.us.

Guidelines for use of pneumococcal conjugate vaccine have been published

Borrowed in part from the California Immunization Update (October 16, 2000)

The American Academy of Pediatrics (AAP) published its recommendations on this vaccine in the August issue of Pediatrics (2000; 106:362-6), and the American Academy of Family Physicians (AAFP) recommendations were published in their newsletter the week of February 21, 2000. The Advisory Committee on Immunization Practices (ACIP) published its recommendations in the October 6, 2000, issue of MMWR.

Some major points of the recommendations are summarized in the next two columns.

Pneumococcal vaccine names/abbreviations – A number of these have appeared in print. For the 7-valent pneumococcal conjugate vaccine, these have included PCV7, PCV, PNUcn-7, and Prevnar®. For the 23-valent pneumococcal polysaccharide vaccine these have included PPV23, 23PS, PNUps-23, Pnu-Immune® and Pneumovax®. The Michigan Department of Community Health would like to standardize the abbreviations used in Michigan for these two vaccines to simplify record-keeping and make them more easily recognizable. We recommend that the abbreviation PCV7 be used for the 7-valent pneumococcal conjugate vaccine, and the abbreviation PPV23 be used for the 23-valent pneumococcal polysaccharide vaccine.

Pediatric pneumococcal (PCV7) indications and schedules:

The Michigan Department of Community Health has prepared a two-page summary of the ACIP/AAP recommended schedule for PCV7, which is shown on pages 16 - 17. The schedule is very similar to that of the Hib vaccine in that the number of doses needed is age-dependant.

Vaccine availability:

PCV7 is available through the VFC and MI-VFC programs for those children who are younger than 5 years of age and eligible for these programs. PPV23 is also available through the VFC and MI-VFC programs for eligible children with high-risk conditions.

Questions & Answers

Q Can pneumococcal conjugate vaccine (PCV7, Prevnar®) and pneumococcal polysaccharide vaccine (Pneumovax or Pnu-Immune) be given together?

A No. Unlike most other vaccines, these two vaccines should not be administered simultaneously. If a child needs both vaccines (see Pneumococcal Conjugate Vaccine Recommendations

on pages 16 - 17), their administration should be separated by at least eight weeks.

Q What age groups should get pneumococcal conjugate vaccine (PCV7)?

A This vaccine is recommended for all children younger than 2 years of age and should be considered for all children younger than 5 years of age.

CDC/NIP website provides vaccine safety information

Where can you look for answers when you get tough questions from parents about vaccine safety issues?

The CDC National Immunization Program website (www.cdc.gov/nip) provides information on vaccine safety and much more.

After you find the website's home page, click on the *Vaccine Safety* subheading, and you are on your way to up-to-date and reliable information to help you when parents ask you questions about vaccine safety.

Shortage of Td vaccine continues

As many of you are already aware, CDC recently confirmed there is an ongoing shortage of Td vaccine due to manufacturing problems. CDC is recommending that providers prioritize the administration of Td to those individuals at greatest risk of disease, including the following individuals:

1. Persons traveling to a country where the risk for diphtheria is high.
2. Persons requiring tetanus vaccination for prophylaxis in wound management.
3. Persons who have received fewer than three doses of vaccine containing Td.
4. Pregnant women and persons at occupational risk for tetanus-prone injuries who have not been vaccinated with Td within the preceding 10 years.

5. Adolescents who have not been vaccinated with a vaccine containing Td within the preceding 10 years.
6. Adults who have not been vaccinated with Td within the preceding 10 years.

Many of you have had difficulties obtaining sufficient quantities of Td for your public and private sector clinics. We at MDCH have been experiencing the same problems and have only a limited inventory to meet routine public sector demand and any increased demand that may be attributed to private sector shortages. Recent shipments from Aventis Pasteur have enabled us to again fill at least a portion of the public sector orders for Td. To stretch these doses as far as possible, we are asking local health departments to request only those doses needed to meet the monthly demand. MDCH is asking that local health departments work with the

private sector, within the guidelines of the VFC, MI-VFC and MI-VRP (Michigan Vaccine Replacement) programs through which Td is made available in Michigan, to assure that any individual in need of the vaccine for wound management receives the vaccine.

Aventis Pasteur, Inc., the sole manufacturer of Td in the country at this time, has recommended that health care providers order Td vaccine directly from the company rather than through distributors because the company is limiting the number of doses that are available through distributors. The company has also advised providers to order smaller amounts of the vaccine frequently rather than stockpiling the vaccine.

We will let you know at the earliest possible time when we see the Td vaccine supply problems lifting. If you have any questions about this information or the overall status of Td vaccine supplies, contact the immunization program at your local health department.

CDC experts are available

Experts at the CDC National Immunization Program are available to answer tough immunization questions. Health care providers can e-mail nipinfo@cdc.gov and submit written questions regarding any immunization and vaccine issues. Questions on topics from immunization schedules to vaccine safety will be answered by CDC staff. CDC experts can also be reached by calling 1-800-232-2522. This toll-free number is staffed Monday through Friday from 8:00 am to 11:00 pm, EST.

Michigan Immunization Update

You may address any questions regarding the *Michigan Immunization Update* to the editor, Rosemary Franklin, by calling 517-335-9485. If you would like to be added to the mailing list to receive future issues of this newsletter, fax your complete name and address to Rosemary Franklin at 517-335-9855 or e-mail Franklin at FranklinR@state.mi.us.

Questions?

Do you have questions about VIS, MCIR, or the VFC and MI-VFC programs? The first place to go for answers is the immunization clinic at your local health department. If you need additional help, call the Division of Communicable Disease and Immunization, Michigan Department of Community Health, at 517-335-8159.

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Auth: P.H.S., Act 42, Sect
317, as amended, 1978

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TT or Td: What difference does it make?

Tetanus toxoid (TT) is a good vaccine, but it is not the best we have to offer.

Tetanus and diphtheria (Td) is the vaccine of choice for people 7 years of age and older. By giving single antigen tetanus toxoid (TT), you are failing to provide protection against diphtheria. Diphtheria remains epidemic in some parts of the world, including some of the countries in the former Soviet Union. In 1995, there were 50,000 cases of diphtheria resulting in 1,500 deaths in those countries. If we are not well-vaccinated against diphtheria in the United States and have an imported case of disease, we leave ourselves vulnerable to an epidemic like the one experienced in the former Soviet Union. Remember, there is no single antigen vaccine available for diphtheria. Td should be used for any person 7 years of age or older, even if it is being used primarily for wound management. School rules require that students older than 7 years of age receive a completed series of diphtheria and tetanus containing vaccine with one dose given in the last 10 years. Don't miss the opportunity to protect against both of these vaccine-preventable diseases. Remember: Use Td, not TT.

DTaP use for all five doses is addressed in MMWR

The *MMWR* published on November 17, 2000, addresses the use of DTaP as a five-dose series and concerns regarding adverse reactions to the fourth and fifth doses of the vaccine. The *MMWR* summary of this issue follows.

Four vaccines containing diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP) are currently licensed in the United States for use among infants and young children. As of October 2000, two products, ACCEL-IMUNE® (a product of Lederle Laboratories) and Tripedia® (Aventis Pasteur, Inc.) were licensed for the five-dose DTaP vaccination series. Two other vaccines, Infanrix® (SmithKline Beecham Biologicals) and Certiva™ (North American Vaccine, Inc.) are licensed for the first four doses of the vaccination series, beginning with the primary series at ages 2, 4, and 6 months, and for completing the DTaP series among children who began the series with diphtheria and tetanus toxoids and whole-cell pertussis vaccine. This report supplements the statement from CDC's Advisory Committee on Immunization Practices regarding use of acellular pertussis vaccines and summarizes data regarding reactogenicity of acellular pertussis vaccines when administered as the fourth and fifth consecutive doses. Increases in the frequency and magnitude of local reactions at the injection site with increasing dose number have occurred for all currently licensed DTaP vaccines. Extensive swelling of the injected limb, sometimes involving the entire thigh or

upper arm, after receipt of the fourth and fifth doses of DTaP vaccines has been demonstrated for multiple products from different manufacturers. Because data are insufficient regarding the safety, immunogenicity, and efficacy of using DTaP vaccines from different manufacturers in a mixed sequence, ACIP continues to recommend that, whenever feasible, the same brand of DTaP vaccine be used for all doses in the vaccination series. When the vaccine provider does not know or does not have available the type of DTaP vaccine previously administered, any of the licensed DTaP vaccines can be used to complete the vaccine series.

How to get a free electronic subscription to the MMWR

To obtain a free electronic subscription to the Morbidity and Mortality Weekly Report (MMWR), visit CDC's MMWR website at: www.cdc.gov/mmwr. Select "Free MMWR Subscription" from the menu at the left of the screen. Once you have submitted the required information, weekly issues of the MMWR and all new ACIP statements (published as MMWR's Recommendations and Reports) will arrive weekly by e-mail.

Vaccine safety issues worry some parents

Contributed by David R. Johnson, M.D., M.P.H., Deputy Director for Public Health and Chief Medical Executive, Michigan Department of Community Health

Dr. Johnson,

My husband and I have had some serious concerns about the benefits vs. the risks of immunizations; however we have chosen to immunize our children up to this point. It is now time for my 5-year-old daughter to receive the following vaccines: DTaP, MMR, and IPV. Although I am still not completely comfortable with the idea, I am leaning toward pursuing the immunizations. I have done the research which has answered most of my questions, however, I was hoping you could provide your professional opinion on a couple of questions.

First, do you feel it is advisable to get immunizations at the health department? Second, do I understand correctly that it may increase safety by having one immunization performed per day, with some time in between before the following immunizations? And should some immunizations not be given in conjunction with another – e.g., should DTaP be given as three separate shots? [i.e., each antigen given separately]. Lastly, I understand it is not advisable to receive immunizations with a preservative. My health department stated that their DTaP and MMR vaccines come in single-dose vials but the IPV comes in multi-dose vials. Would this mean the multi-dose vials have a preservative? Does polio vaccine come in a single dose vial? If so, can I expect my pediatrician to order this?

Thanks for your time and help.

Dr. Johnson responds:

I'm happy to try to answer your very thoughtful questions about vaccinations for our children.

The vast majority of health departments in our country are excellent sites at which to receive immunizations. Local health departments tend to have a close connection to state health departments, and, thus, get up-to-date information about any changes in practices. They also, generally speaking, do high volume, and therefore have lots of experience. Having said that, many pediatric and family practice offices do an outstanding job with immunizations. Most pediatric authorities recommend that immunizations be done in the context of comprehensive primary care. So if you have a pediatrician or family practitioner for your 5-year-old, it might make sense to have her immunizations administered there.

Many good studies have been conducted concerning the simultaneous administration of vaccines. The long and short of these studies is that simultaneous administration of vaccines does not adversely affect efficacy or decrease safety. Although you can receive DT separate from the pertussis portion of the vaccine (aP or acellular pertussis), it is difficult to get aP separately. DTaP should always be given together unless there is a specific contraindication to receipt of aP. With MMR, again it is difficult to get these separately. If components of MMR are given separately, they have to be given one month apart. IPV is, of course, a single

Question on autism

Q Is autism linked to the MMR vaccine?

A The Centers for Disease Control and Prevention believes that the current scientific evidence does not support the hypothesis that MMR, or any combination of vaccines, cause the development of autism, including regressive forms of autism. A suspected link between MMR vaccine and autism has been suggested by researchers and some parents of children with autism. Often symptoms of autism are first noted by parents as their child begins to have difficulty or delays in speaking after age 1. The first dose of MMR vaccine is first given to children at 12 to 15 months of age. Therefore, an apparent onset of autism within a few weeks after MMR vaccination may simply be an unrelated chance occurrence. For more information, go to: www.cdc.gov/nip/vacsafe/concerns/autism/autism-mmr.htm

Continued on page 10

Vaccine safety issues answered

Continued from page 9

vaccine covering the three major types of polio virus. The next question along these same lines is whether the three vaccines (DTaP, MMR, and IPV) should be given at the same office visit. I actually feel very strongly that they should. Beyond the matter of convenience for you, most children and parents, if they have to get injections, would like to get them out of the way quickly. If you feel strongly about delaying one of the vaccines, I would suggest delaying the IPV; the risk for polio is the lowest among all the diseases for which the vaccines are meant to protect our children.

Lastly, preservatives. The only preservative about which questions have been raised is thimerosal, which contains a small amount of ethyl mercury. Because of the theoretical risk, manufacturers have removed or are removing this from their vaccines. MMR and IPV never had it. At least one of the four brands of DTaP (Infanrix by GlaxoSmithKline) is without thimerosal; other thimerosal-free brands of DTaP are on the way.

Hope the foregoing is of help to you.

David R. Johnson, M.D., M.P.H.
Deputy Director for Public Health
and Chief Medical Executive,
Michigan Department of
Community Health

Parents' misconceptions about immunization addressed in study

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Health professionals play an important role in helping parents make informed immunization decisions for their children, as highlighted in the November 2000 issue of *Pediatrics*. The study "Do Parents Understand Immunizations? A National Telephone Survey" by Bruce Gellin, M.D., M.P.H., et al., found that while a majority of parents understand the benefits of immunization, many have misconceptions that could erode their confidence in vaccines.

Examples include:

- 25 percent of respondents were concerned that their child's immune system could be weakened by too many immunizations
- 23 percent believed that children get more immunizations than are good for them

According to the article, "To compete effectively in today's information marketplace, clinicians and public health officials must understand parents' thinking about vaccine-preventable diseases, vaccines, and immunization policies to design effective public education programs that assist parents to make informed decisions about their children's health." Because parents identified their children's health care providers as their most important source of information about immunizations,

physicians, nurses, and other providers of primary care have an excellent opportunity to educate parents.

To read the abstract of this article online, go to:
www.pediatrics.org/cgi/content/abstract/106/5/1097

Full text of the article is available online to *Pediatrics* subscribers or to others for a fee by clicking the link "Full Text of this Article" on the above web page.

Free educational programs available

The Michigan Department of Community Health offers free educational in-service sessions to help nurses, physicians, and office staff to keep up to date on immunizations. Detailed information on how your practice can take advantage of these programs is included at the bottom of page 3.

Free immunization materials available

Free immunization materials are available from CDC, and the quickest and easiest way to get them is through CDC's website at:
www.cdc.gov/nip/publications.

All online orders are processed within 48 hours, so ordering through the web is definitely the quickest way to go. Be sure to check out this website.

Common myth about vaccination: The majority of people who get disease have already been vaccinated

(The complete text of CDC's *Common Misconceptions about Vaccination* booklet is available at: www.cdc.gov/nip/publications)

The occurrence of a vaccine-preventable disease (VPD) in a person or persons vaccinated against them does not prove or support the contention that vaccines are not effective, which is a misconception some people have.

It is true that in some disease occurrence and outbreak situations, those who have been vaccinated may outnumber those who have not – even with vaccines such as measles, which we know to be about 98 percent effective when used as recommended.

This apparent paradox is explained by two factors. First, no vaccine is 100 percent effective. To make vaccines safer than the disease, the bacteria or virus is killed or weakened (attenuated). For reasons related to the individual, not all vaccinated persons develop immunity. Most routine childhood vaccines are effective for 85 percent to 95 percent of recipients. Second, in a country such as the U.S., the people who have been vaccinated vastly outnumber those who have not.

How these two factors work together to result in outbreaks in which the majority of cases have been vaccinated can be more easily understood by looking at a hypothetical example:

In a high school of 1,000 students, none has ever had measles. All but five

of the students are fully immunized, having had two doses of measles vaccine. The entire student body is exposed to measles, and every susceptible student becomes infected. The five unvaccinated students will be infected, of course. But of the 995 who have been vaccinated, we would expect several not to respond to the vaccine. The efficacy rate for two doses of measles vaccine can be as high as >99 percent. In this class, seven students do not respond, and they, too, become infected. Therefore seven of 12, or about 58 percent, of the cases occur in students who have been fully vaccinated.

As you can see, this doesn't prove the vaccine didn't work – only that most of the children in the class had been

vaccinated, so those who were vaccinated and did not respond outnumbered those who had not been vaccinated. Looking at it another way, 100 percent of the children who had not been vaccinated got measles, compared with less than 1 percent of those who had been vaccinated. Measles vaccine protected most of the class; if nobody in the class had been vaccinated, there would probably have been 1,000 cases of measles.

Moreover, consider the following table, comparing for the U.S. the annual maximum number of cases of VPDs and the number reported in the most recent year for which national data is available. The striking differences for each VPD is the result of vaccination against these diseases.

| Disease | Maximum # of reported cases | Number of cases reported in 1999 | Percentage change |
|----------------------------------|-----------------------------|----------------------------------|-------------------|
| Diphtheria | 206,939 | 1 | -99.99% |
| Polio | 21,269 | 0 | -100% |
| Measles | 894,134 | 100 | -99.98% |
| Rubella | 57,686 | 271 | -99.53% |
| <i>H. influenzae</i> , all types | 20,000 | 1,309 | -93.46% |
| Tetanus | 1,560 | 42 | -97.31% |
| Mumps | 152,209 | 387 | -99.75% |
| Pertussis | 265,269 | 7,288 | -97.25% |

ACIP statements posted on CDC website

Did you know that all you have to do is ask and you will receive a complete set of statements of the Advisory Committee on Immunization Practices (ACIP) delivered right to your door? The National Immunization Program (NIP) at the Centers for Disease Control and Prevention (CDC) offers this valuable resource free on its website. You can now fill out an online order form and submit your order directly to the CDC through its website. The CDC website address is included below.

The complete set of recommendations contains the full text of ACIP statements in camera-ready format. This ACIP set is truly a gift for anyone who wants to stay informed about U.S. vaccine recommendations.

To order this and other free immunization materials from CDC, use the online order form located at: www.cdc.gov/nip/publications

Free e-mail news service available

Immunization Action Coalition (IAC) Express

Send an e-mail message to: express@immunize.org, and type the word SUBSCRIBE in the subject line of your e-mail message.

Number of reported cases of vaccine-preventable diseases, Michigan: 2000

(Data are provisional)

| Disease | Total cases 2000 | Total cases 1999 |
|---------------------------------------|---------------------|---------------------|
| Congenital rubella syndrome (CRS) | 0 | 0 |
| Diphtheria | 0 | 0 |
| <i>H. influenzae</i> invasive disease | 10 | 20 |
| Hepatitis B | 431 | 509 |
| Measles | 3 | 6 |
| Mumps | 7 | 10 |
| Pertussis | 124 | 74 |
| Poliomyelitis | 0 | 0 |
| Rubella | 0 | 0 |
| Tetanus | 3 | 2 |

Guide to Contraindications 2000 is available from CDC

The Centers for Disease Control and Prevention (CDC) produces and distributes the *Guide to Contraindications to Childhood Vaccinations*. This booklet is designed to help health care providers decide what common symptoms and conditions should be considered contraindications and which should not. The 2000 updated booklet has two major changes from the previous edition: rotavirus vaccine has been deleted and the pneumococcal conjugate vaccine has been included.

To order a copy of this free guide, complete the online order form at: www.cdc.gov/nip/publications or call CDC's Immunization Hotline at 1-800-232-2522.

This guide is available at www.cdc.gov/nip/publications or by calling the CDC Immunization Hotline at 1-800-232-2522.

Flu and pneumococcal shots decrease health risks for persons with diabetes

By Frank Vinicor, M.D., M.P.H.,
Director, Division of Diabetes
Translation, Centers for Disease Control
and Prevention

Every year in the U.S., between 10,000 and 30,000 people with diabetes die from complications of the flu or pneumonia. During influenza epidemics, people with diabetes are six times more likely to be hospitalized than people without diabetes, and their death rates may be 5 to 15 percent higher than for those without diabetes. This risk is particularly high when additional risk factors such as cardiovascular disease and kidney disease are present.

A pneumococcal shot and an annual flu shot help prevent complications and death associated with pneumonia and influenza. Yet about half of adults with diabetes do not get a flu shot and only one-third of adults with diabetes are immunized against pneumococcal pneumonia. Worse yet, pneumococcal disease has become more resistant to penicillin and other drugs, making treatment more difficult. Aggressive efforts need to be taken to increase influenza and pneumococcal immunization levels among people with diabetes to decrease the number of preventable flu- and pneumonia-related deaths.

Typically, physician-regulated diabetes care emphasizes aggressive control of the disease to retard the onset and progression of long-term complications affecting the eyes, kidneys, and cardiovascular and nervous systems. Concentration may

be only on the diabetes itself and not on the overall health of the patient. As a result, general preventive measures, such as flu and pneumonia shots, may be overlooked in patients with diabetes.

You can help by including influenza and pneumonia vaccinations as part of a regular diabetes management program. Some of the ways you can incorporate this care into your practice include the following:

- Recommend flu and pneumonia shots to patients with diabetes when they come for routine care, especially during the flu season.
- Consider instituting standing orders to make the immunizations a routine part of the health care regimen for patients with diabetes.
- Educate patients about how to obtain reimbursement for vaccination.
- Educate patients about how simple, safe and effective the flu and pneumonia shots are and how dangerous flu and pneumonia are for people with diabetes.

Please encourage your patients to be vaccinated to protect themselves from these preventable risks and take control of their diabetes. For more information, contact Dan Diepenhorst, MDCH, at 517-335-9462.

News items

Do reminder systems work?

From California Immunization Update
(December 8, 2000)

The *Journal of the American Medical Association* (<http://jama.ama-assn.org>) (10/11/00) has published a review article on the effectiveness of reminder and recall systems. A total of 41 studies were identified. The research showed that overall patient reminder systems helped improve immunization rates in 80 percent of the studies including patients of all ages and all vaccine types. Twelve of 15 studies on childhood immunization showed that reminder and recall systems had positive effects, raising immunization coverage from 6 to 34 percentage points. The costs of reminder systems were less than \$1 for most patients. The most effective form was telephone reminders, followed by mailed reminders.

NIIW Is April 22-28

National Infant Immunization Week (NIIW) is scheduled for the week of April 22-28, 2001. Since 1994, NIIW has called attention to the importance of proper immunization for infants and toddlers. Communities throughout the U.S. use NIIW by offering expanded clinic hours, distributing information to the public in shopping and entertainment centers, holding immunization fairs, and creating new partnerships with businesses and community groups.

Recommended Childhood Immunization Schedule United States, January - December 2001

Vaccines¹ are listed under routinely recommended ages. **Bars** indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible. **Ovals** indicate vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

| Age ► Vaccine ▼ | Birth | 1 mo | 2 mos | 4 mos | 6 mos | 12 mos | 15 mos | 18 mos | 24 mos | 4-6 yrs | 11-12 yrs | 14-18 yrs |
|---|----------|----------|----------|----------|------------------|-----------|-------------------|-----------|--|------------------|--------------------|--------------|
| Hepatitis B ² | Hep B #1 | | | | | | | | | | | |
| | | Hep B #2 | | | Hep B #3 | | | | | | Hep B ² | |
| Diphtheria, Tetanus, Pertussis ³ | | | DTaP | DTaP | DTaP | | DTaP ³ | | | DTaP | Td | |
| <i>H. influenzae</i> type b ⁴ | | | Hib | Hib | Hib | Hib | | | | | | |
| Inactivated Polio ⁵ | | | IPV | IPV | IPV ⁵ | | | | | IPV ⁵ | | |
| Pneumococcal Conjugate ⁶ | | | PCV | PCV | PCV | PCV | | | | | | |
| Measles, Mumps, Rubella ⁷ | | | | | | MMR | | | | MMR ⁷ | MMR ⁷ | |
| Varicella ⁸ | | | | | | Var | | | | | Var ⁸ | |
| Hepatitis A ⁹ | | | | | | | | | Hep A — in selected areas ⁹ | | | |

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP),
and the American Academy of Family Physicians (AAFP).

1. This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of 11/1/00, for children through 18 years of age. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and its other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.
2. Infants born to HBsAg-negative mothers should receive the 1st dose of hepatitis B (Hep B) vaccine by age 2 months. The 2nd dose should be at least one month after the 1st dose. The 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose, but not before 6 months of age for infants.
Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The 2nd dose is recommended at 1-2 months of age and the 3rd dose at 6 months of age.
Infants born to mothers whose HBsAg status is unknown should receive hepatitis B vaccine within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than 1 week of age).
All children and adolescents who have not been immunized against hepatitis B should begin the series during any visit. Special efforts should be made to immunize children who were born in or whose parents were born in areas of the world with moderate or high endemicity of hepatitis B virus infection.
3. The 4th dose of DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) may be administered as early as 12 months of age, provided 6 months have elapsed since the 3rd dose and the child is unlikely to return at age 15-18 months. Td (tetanus and diphtheria toxoids) is recommended at 11-12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP or DT. Subsequent routine Td boosters are recommended every 10 years.
4. Three *Haemophilus influenzae* type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at 2 and 4 months of age, a dose at 6 months is not required. Because clinical studies in infants have demonstrated that using some combination products may induce a lower immune response to the Hib vaccine component, DTaP/Hib combination products should not be used for primary immunization in infants at 2, 4 or 6 months of age, unless FDA-approved for these ages.
5. An all-IPV schedule is recommended for routine childhood polio vaccination in the United States. All children should receive four doses of IPV at 2 months, 4 months, 6-18 months, and 4-6 years of age. Oral polio vaccine (OPV) should be used only in selected circumstances. (See MMWR May 19, 2000/49(RR-5);1-22).
6. The heptavalent conjugate pneumococcal vaccine (PCV) is recommended for all children 2-23 months of age. It also is recommended for certain children 24-59 months of age. (See MMWR Oct. 6, 2000/49(RR-9);1-35).
7. The 2nd dose of measles, mumps, and rubella (MMR) vaccine is recommended routinely at 4-6 years of age but may be administered during any visit, provided at least 4 weeks have elapsed since receipt of the 1st dose and that both doses are administered beginning at or after 12 months of age. Those who have not previously received the second dose should complete the schedule by the 11-12 year old visit.
8. Varicella (Var) vaccine is recommended at any visit on or after the first birthday for susceptible children, i.e. those who lack a reliable history of chickenpox (as judged by a health care provider) and who have not been immunized. Susceptible persons 13 years of age or older should receive 2 doses, given at least 4 weeks apart.
9. Hepatitis A (Hep A) is shaded to indicate its recommended use in selected states and/or regions, and for certain high risk groups; consult your local public health authority. (See MMWR Oct. 1, 1999/48(RR-12); 1-37).

For additional information about the vaccines listed above, please visit the National Immunization Program Home Page at <http://www.cdc.gov/nip/> or call the National Immunization Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

Pneumococcal conjugate vaccine (PCV7, Prevnar™) recommendations at a glance

Previously unvaccinated children

| Age at first dose in months | Primary series | Booster dose |
|---|-------------------------------------|--------------------------------------|
| 2 - 6 | 3 doses, 8 weeks apart ^I | 1 dose at 12-15 months ^{II} |
| 7 - 11 | 2 doses, 8 weeks apart ^I | 1 dose at 12-15 months ^{II} |
| 12 - 23 | 2 doses, 8 weeks apart ^D | |
| 24 - 59 (healthy children) | 1 dose | |
| 24 - 59 (children with sickle cell disease, asplenia, human immunodeficiency virus infection, chronic illness ^N or immunocompromising condition ^O) | 2 doses, 8 weeks apart | |

- ^I For children vaccinated at age <1 year, minimum interval between doses is 4 weeks
- ^{II} The booster dose should be administered at least 8 weeks after the primary series has been completed
- ^D Minimum interval between doses is 8 weeks
- ^N Chronic illnesses include chronic cardiac disease, chronic pulmonary disease (excluding asthma), cerebrospinal fluid leaks, and diabetes mellitus. For more information see recommendations in Table 8 of the MMWR, October 6, 2000/Vol. 49/No. RR-9
- ^O Recommendations do not include children who have undergone a bone marrow transplant

Explanatory note: 8 weeks equals 56 days

For children with a lapse in vaccine administration

| Age at presentation in months | Previous immunization history | Recommended regimen |
|-------------------------------|--------------------------------|---|
| 7 - 11 | 1 dose before 7 months of age | 2 nd dose of PCV7 at 7-11 months with a 3 rd dose at least 8 weeks later, at 12-15 months |
| | 2 doses before 7 months of age | 3 rd dose of PCV7 at 7-11 months with a 4 th dose at least 8 weeks later, at 12-15 months |
| 12 - 23 | 1 dose before age 12 months | 2 doses of PCV7 at least 8 weeks apart |
| | 2 doses before age 12 months | 1 dose of PCV7 at least 8 weeks after the most recent dose |

Pneumococcal polysaccharide vaccine (PPV23) for children at least 2 years of age who have previously received the 7-valent conjugate vaccine (PCV7)

| Population | Schedule for PPV23 | Revaccination with PPV23 |
|--|---|--------------------------|
| Healthy children | NoneØ | No |
| Children with sickle cell disease or anatomic or functional asplenia; immunocompromisedÜ; or who are infected with HIV | 1 dose of PPV23 administered at least 2 years of age and at least 8 weeks after last dose of PCV7 | YesÜ |
| Persons with chronic illnessÜ | 1 dose of PPV23 administered at least 2 years of age and at least 8 weeks after the last dose of PCV7 | Not recommendedÜ |

- Ø Health-care providers of Alaska Natives and American Indians should consider whether these children would benefit by the additional coverage provided by the expanded serotypes in PPV23. For more information see recommendations regarding Alaska Natives and American Indians in the MMWR, October 6, 2000/Vol. 49/No. RR-9.
- Ü Immunocompromising conditions include congenital immunodeficiencies, renal failure and nephrotic syndrome, and diseases associated with immunosuppressive therapy or radiation therapy. For more information, see recommendations in Table 8 of the MMWR, October 6, 2000/Vol. 49/No. RR-9.
- Ü Regardless of when administered, a second dose of PPV23 should not be administered fewer than 3 years after the previous PPV23 dose. If the patient is older than 10 years of age, one re-vaccination should be administered if at least 5 years have elapsed since the previous PPV23 dose. If the patient is 10 years of age or younger, one re-vaccination should be considered if 3-5 years have elapsed since the previous dose of PPV23. (See ACIP recommendations published in the MMWR 1997; Vol. 46/No. RR-8).
- Ü Chronic illnesses include chronic cardiac disease, chronic pulmonary disease (excluding asthma), cerebrospinal fluid leaks, and diabetes mellitus. For more information, see recommendations in Table 8 of the MMWR, October 6, 2000/Vol. 49/No. RR-9.
- Ü Persons with chronic illness receiving PPV23 and who are between 2 and 64 years of age should receive one additional dose of PPV23 at or after age 65 if 5 years have elapsed since the prior dose.

Explanatory note: Current recommendations state that no person should receive more than 2 doses of PPV23 in a lifetime.

| | | |
|----------------|-------------------------|----------------|
| 24 - 59 | any incomplete schedule | 1 dose of PCV7 |
|----------------|-------------------------|----------------|

Epidemiology and Prevention of Vaccine-Preventable Diseases

6th Edition "The Pink Book"

2nd Printing — January 2001

Includes updated
chapter on
pneumococcal disease

"Epidemiology and Prevention of Vaccine-Preventable Diseases" developed by the National Immunization Program, Centers for Disease Control and Prevention, provides the most current information available in the constantly changing field of immunization. Topics include: principles of vaccination, general recommendations on immunization, strategies to improve coverage levels, and vaccine safety. Disease-specific chapters include: pertussis, pneumococcal disease, polio, Hib, measles, rubella, varicella, hepatitis A and B, and influenza.

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Free Immunization Update Opportunities for Physicians and Staff

AVAILABLE PROGRAMS INCLUDE:

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|--|---|---|
| <ul style="list-style-type: none">■ Immunization update for:<ul style="list-style-type: none">• Physicians• Physician Assistants• Nurse Practitioners■ Presented by practicing physicians■ Brought to:<ul style="list-style-type: none">• Your office• Medical staff meetings• Grand Rounds• Conferences■ One-hour sessions available on:<ul style="list-style-type: none">• Pediatric Immunization• Adult Immunization• Family Practice Immunization• Immunization in the Ob/Gyn practice■ All sessions include information on:<ul style="list-style-type: none">• Immunization schedules• Vaccine recommendations• Causes of undervaccination• Immunization coverage levels• Assessment <p>CMEs are available for all sessions.</p> <p>For more information call Rosene Cobbs at 517-353-2596.</p> | <ul style="list-style-type: none">■ Immunization update:<ul style="list-style-type: none">• For staff in private practices who administer immunizations• Offered at times that meet clinic needs■ 1.25-hour sessions available on:<ul style="list-style-type: none">• Pediatric Immunization• Adult Immunization• Family Practice Immunization• Immunization in the Ob/Gyn practice■ All sessions include information on:<ul style="list-style-type: none">• Newly licensed vaccines and schedule recommendations• Injectable vaccine administration• Minimum intervals between immunizations• Required documentation• Vaccine storage and handling• Contraindications for immunization• Legal issues <p>Contact hours for nurses are available.</p> <p>To schedule an office staff update, call Rosemary Franklin at 517-335-9485.</p> | <ul style="list-style-type: none">■ Hepatitis A-E<ul style="list-style-type: none">• An overview of hepatitis viruses covering:<ul style="list-style-type: none">◦ Signs and symptoms◦ Recommended immunization schedule◦ Modes of transmission◦ High-risk categories◦ Treatment options• The Perinatal Hepatitis B Prevention Program• Available resources <p>Contact hours for nurses are available.</p> <p>For more information call Pat Fineis at 517-335-9443 or 1-800-964-4487.</p> <ul style="list-style-type: none">■ Personalized Immunization Record Assessment – How well are your patients immunized? <p>Assessments are confidential and by invitation only</p> <p>Can use the Michigan Childhood Immunization Registry or Centers for Disease Control software</p> <ul style="list-style-type: none">■ Assessments include:<ul style="list-style-type: none">• Immunization levels by age groups and vaccine• List of children who are behind in their immunizations• Strategies to improve the immunization status of children in your practice• Recognition for high coverage levels <p>For a free assessment call Stephanie Sanchez at 517-335-9011.</p> |

6th grade assessment to be required in 2002

Beginning with the 2002-2003 school year, schools in Michigan will be required to assess and report the immunization status of all 6th grade students, in addition to the new school entrants, including kindergartners, whom they currently assess.

In the fall of 2002, all 6th graders must have documentation showing that they have had the following immunizations:

- √ Two doses of MMR
- √ Three doses of hepatitis B
- √ Complete series of DTaP/Td with one dose in the last 10 years
- √ Three doses of polio
- √ One dose of varicella (or history of the disease)

This new requirement will help assure that all school-aged children are up-to-date and protected against all vaccine-preventable diseases.



December 6, 2000

MCIR Regional Contact List

Region 1: City of Detroit; Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties

Contact: Julie Gleason-Comstock
Phone: 313-873-0840

Region 2: For Allegan, Ionia, Kent, Muskegon, and Ottawa Counties

Contact: Nancy Deising
Phone: 616-336-3971

For Branch, Calhoun, Hillsdale, Jackson, and Lenawee Counties

Contact: Laura Rappleye
Phone: 517-796-4402

For Berrien, Cass, Kalamazoo, St. Joseph, and Van Buren Counties

Contact: Laura Korten
Phone: 616-373-5142

Region 3: Barry, Clinton, Eaton, Gratiot, Ingham, and Montcalm Counties

Contact: Irene O'Boyle
Phone: 517-831-5237 ext.309

Region 4: Bay, Genesee, Huron, Lapeer, Midland, Saginaw, Sanilac, Shiawassee, and Tuscola Counties

Contact: Wendy Nye
Phone: 810-257-3562

Region 5: Alcona, Alpena, Antrim, Arenac, Benzie, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Gladwin, Grand Traverse, Iosco, Isabella, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montmorency, Newaygo, Oceana, Ogemaw, Oscoda, Oseola, Otsego, Presque Isle, Roscommon, and Wexford Counties

Contact: Linda VanGills
Phone: 231-873-2193

Region 6: All Upper Peninsula Counties (Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties)

Contact: Julie Clark
Phone: 906-786-4111

(Revised 12/6/00)

Michigan Resource Center (MRC) order form for free immunization brochures and materials

To order the materials listed below, fax this form to the Michigan Resource Center (MRC) Health Promotion Clearinghouse at 517-882-7778. An alternate fax number is 517-318-0538. Inquiries about specific orders that have already been placed can be directed to MRC, Health Promotion Clearinghouse, at 1-888-76-SHOTS. All other inquiries should be directed to Rosemary Franklin at 517-335-9485 or FranklinR@state.mi.us.

All orders for brochures are limited to 500 per organization or office, unless otherwise stated. However, limits may also be lowered due to availability of supply.

If you have a special need and you would like to request any amounts in excess of the limits, please refer to the directions at the end of the next page.

| | | | |
|-------------------------|--|--------------------|------------------|
| Name: | | | |
| Company: | | | |
| Street address:* | | | |
| City: | | State: MI** | Zip code: |
| Phone no.: | | | |

*** Reminder: We cannot ship to P.O. boxes. ** Materials are available to Michigan residents only.**

Please enter quantity for each requested item.

| Quantity needed | Materials for health care providers |
|-----------------------------------|---|
| (Limit of 1 per office) | Alliance for Immunization in Michigan (AIM) Provider Tool Kit for Immunization, 2001 This packet contains the most up-to-date tools and information for health care providers who administer vaccines to their patients, including posters showing the contraindications for vaccination, the Recommended Childhood Immunization Schedule for 2001, information on proper storage and handling of vaccines, documentation resources and much more. This kit is made up of several folders of materials and includes separate tabs on Childhood/Teen Immunization, Adult Immunization, and Additional Resources. |
| (Limit of 5,000 cards per office) | Adult Immunization Record Card We recommend that you provide an adult immunization record card to all your adult patients as you give them immunizations. Although the limit on this item is 5,000, we ask that you do not stockpile. Please order only enough to get you through this flu season. |

Materials for patient education

| Brochures for children and adolescents | | |
|--|--|-----------------------------------|
| | Immunize Your Little Michigander The September 2000 revision includes the new pneumococcal conjugate vaccine. | Revised September 2000 |
| | Vaccine Safety – What parents need to know | |
| | Are you 11-19 years old? Then you need to be protected against some serious diseases | |

| Brochure for adults | | |
|---------------------|---|----------------------------------|
| | Immunizations – They’re not just for kids. Are you protected? | Revised December 2000 |

| Brochures about hepatitis | | |
|---------------------------|---|--|
| | The Dangers of Hepatitis B: What they are, How to avoid them | |
| | Hepatitis, What you need to know. (This brochure discusses hepatitis A, B, and C.) | |

Limits and exceptions

If you have a special need and would like to request any amounts in excess of the limits, please call Rosemary Franklin at 517-335-9485 or e-mail her at FranklinR@state.mi.us. Ms. Franklin asks that organizations such as health plans and HMOs submit any large orders for brochures directly through the printer. She has the contact name and number for those orders. Non-profit organizations are encouraged to call Rosemary Franklin with any special needs.

Rev. 1/3/01

Vaccine safety: In the line of fire

(This article is borrowed in part from the *Upshot* newsletter from the Texas Department of Health Immunization Division, Spring 2000 issue.)

It's eight o'clock in the evening and you're trying to relax by watching television. During a commercial break, you hear something that makes your heart drop, your stomach churn, and your mind race. A news magazine show is featuring a heartbreaking story about vaccine safety or a vaccine-preventable disease. All you can think is, "how many people are going to hear this story and call me tomorrow? What am I going to tell them?"

For those of you who are in the line of fire after a media story, here are some information resources that may help:

National Immunization Program

website – www.cdc.gov/nip or
www.cdc.gov/nip/vacsafe

An excellent site for vaccine issues. The vaccine safety web page (www.cdc.gov/nip/vacsafe) addresses

vaccine myths and gives solid statistics to support continued vaccination. In addition, safety sheets can be printed from the web page and given to patients. CDC does an excellent job of keeping this website up to date.

National Network for Immunization Information (NNii)

www.immunizationinfo.org

This website provides excellent science-based information about immunization.

Children's Hospital – Vaccine Education Center

www.vaccine.chop.edu

The Children's Hospital of Philadelphia created the Vaccine Education Center to provide complete, up-to-date, and reliable information about vaccines to parents and health care professionals.

Additional CDC resources available

National Immunization Hotline

(English) 800-232-2522

(Spanish) 800-232-0233

Talk to a real, live person concerning your questions about immunization. The Spanish Hotline provides culturally appropriate language and referral services to callers who have questions about immunization. Spanish materials can also be ordered through this hotline.

Public Health Foundation (877) 252-1200 (toll free)

<http://bookstore.phf.org>

The Public Health Foundation (PHF) is the sole source for several National Immunization Program educational materials, including the 6th edition (2000) of *Epidemiology and Prevention of Vaccine-Preventable Diseases* (the Pink Book). PHF is also the source for CME and CNE-approved videotapes of NIP satellite programs plus other Centers for Disease Control and Prevention materials.